



BARBER SHOP AND BEAUTY SALON SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. Years in business at current location: _____ Years of experience in field: _____
2. Applicant operates: Beauty shop Barber shop Nail salon Other: _____
3. Shop is located in: Own building Shopping mall Home Other: _____
4. Square footage of building occupied by the applicant: _____ sq. ft.
5. Number of fire extinguishers on premises: _____
6. Have all fire extinguishers been serviced and tagged in the past 12 months? Yes No
7. Number of exits: _____
8. Are doors equipped with panic door hardware? Yes No
 If no, are doors kept unlocked during business hours? Yes No
9. Estimated annual gross sales/receipts:

Operation	Gross Sales/Receipts
Beauty or barber shop operations	\$
Wig services and sales	\$
Products bearing your private label	\$
Products you mix, blend or package	\$

Annual gross sales/receipts from all operations: \$ _____

10. Employee information:
 - a. Number of full and part time employees by description:

Employee Description	# Full Time	# Part Time (under 30 hours/week)
Beauticians		
Barbers		
Electrologist		
Manicurist/Nail Technician		
Waxing Technician		

Note: A certificate of insurance must be attached for each lessee

- b. Are all of the above employees licensed? Yes No
 If no, explain: _____
11. Are aerosol products sold on premises? Yes No
 If yes, describe how much aerosol and how stored on premises: _____
12. Do you sell any products to your customers which you mix, blend or package? Yes No
(We require a list of ingredients and samples of labels and directions for all such products)
13. Do you sell any products to your customers that bear your private label? Yes No
(Submit Certificates from each supplier of such products)

